## FIZODODO3888

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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01/28/13--01007--022 \*\*35.00

FILED SECRETARY OF STATE SECRETARY OF CORPORATIONS

RARDICHS 10,30,13

## **COVER LETTER**

TO:	Amendment Section Division of Corporations						
SUBJI	ECT: AUSTIN SEMICONDUCTOR, INC. Name of Corporation						
DOCE	MENT NUMBER: <u>F12000003888</u>						
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Myra Simmons Name of Contact Person						
	Capitol Services Registered Agent Department						
	800 Brazos Ste 400 Address						
Austin, TX 78701  City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please call:						
	Myra Simmons at ( 800 ) 345-4647  Name of Contact Person Area Code & Daytime Telephone Number						
•	Name of Contact Person Area Code & Daytime Telephone Number						
Enclose	ed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building						

Tallahassee, FL 32314

CR 2E045 (03/12)

2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a c	orporation organized unde	508, or 617.1508, Florida Stater the laws of the State of $oldsymbol{D}$ nt, or both, in the State of Flo	ELAWARE
1. The name of	the corporation: AUS	TIN SEMICONDU	JCTOR, INC.	
2. The principa	al office address: 7725 [	N. Orange Blossom	Trail	
Orlando I	FL 32810			
	address (if different): 77 FL 32810	725 N. Orange Bloss	om Trail	
4. Date of inco	rporation/qualification:	3/21/2012 <sub>Do</sub>	cument number: F12000	0003888
	nd street address of the cu artment of State: (If resign		registered office on file with	
	Corporation Servi	ce Company		<u></u>
	1201 Hays Street			13 JAN 28
	Tallahassee	FL	32301	28
6. The name an (if changed):			Zp cose nged) and /or registered office	e :
	Capitol Corporate	Services, Inc.	·	
	155 Office Plaza I			
	Street Address Tallohannaa	P.O. Box NOT acceptable	20204	
	Tallahassee	FL State	32301 Zlp Code	
The street addr as changed wil	ress of its registered office ll be identical.	ce and the street address o	of the business office of its re	egistered agent,
Such change wauthorized by	vas authorized by resolut the board, or the corpora	ion duly adopted by its be tion has been notified in v	oard of directors or by an off writing of the change.	icer so
- Alone	ture of an officer or director		Printed or typed name and title	h
I hereby accep I further agree performance o	nt the appointment as reg to comply with the prov f my duties, and I am fan	istered agent and agree to visions of all statutes relat miliar with and accept the ed merely to reflect a cha us been notified in writing	o act in this capacity tive to the proper and comple obligation of my position a nge in the registered office of of this change.	ete s registered uddress, I
Dug	Unie Case gnature of Registered Agent	·	1-27-13 Date	
If signing on b	ehalf of an entity:			
	se, Asst. Secretary	on behalf of Capito	l Corporate Services,	Inc.
	*	* * FILING FEE: \$35.00	0 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)